

Commonwealth of Massachusetts
Executive Office of Health and Human Services

820 Companion Guide
July 2006

Version 1.5



Companion Guide
820 Health-care Premium Payment
For ASC X12N 820 (version 4010A1)

Commonwealth of Massachusetts

Executive Office of Health and Human Services

820 Companion Guide
July 2006

Version 1.5

Table of Contents

1.0 Introduction.....	1
1.1 What Is HIPAA?	1
1.2 Purpose of the Implementation Guide	1
1.2.1 How to obtain copies of the Implementation Guides	1
1.3 Purpose of This Companion Guide	1
1.4 Intended Audience	2
2.0 Establishing Connectivity with MassHealth	2
2.1 Setup	2
2.2 Trading Partner Testing	2
2.3 Technical Requirements	2
2.4 Support Contact Information	2
3.0 MassHealth-Specific Requirements	3
3.1 General Information	3
3.2 Detail Data	3
4.0 Version Table	5
Appendix A: Links to Online HIPAA Resources	6

Commonwealth of Massachusetts

Executive Office of Health and Human Services

820 Companion Guide
July 2006

Version 1.5

1.0 Introduction

1.1 What Is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires that MassHealth, and all other health insurance payers in the United States, comply with standard formats and code sets when electronically transmitting health care information. Version 004010X061A of the 820 transaction is the standard established by the Secretary of Health and Human Services (HHS) for premium payments.

1.2 Purpose of the Implementation Guide

This Implementation Guide for the 820 premium payment transaction has been established as the standard for premium payment compliance. It contains requirements for use of specific segments and specific data elements within the segments. It was written for those who send premium payments to an insurance company, health care organization, or government agency, and for those who receive them. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to submit HIPAA-compliant files to MassHealth.

1.2.1 How to Obtain Copies of the Implementation Guides

The implementation guides for X12N 820 Version 4010A1 and all other HIPAA standard transactions are available electronically at www.wpc-edi.com/HIPAA.

1.3 Purpose of This Companion Guide

This companion guide was created for MassHealth trading partners to supplement the 820 Implementation guide. It contains MassHealth's specific instructions for the following:

- data content, codes, business rules, and characteristics of the 820 transaction
- technical requirements and transmission options; and
- information on testing procedures that each trading partner may request before receiving 820 Transactions.

The information in this guide supersedes all previous communications from MassHealth about this electronic transaction.

Commonwealth of Massachusetts

Executive Office of Health and Human Services

820 Companion Guide
July 2006

Version 1.5

1.4 Intended Audience

The intended audience for this document is the technical staff responsible for receiving electronic premium payments from MassHealth, and reconciling the payments to their enrollment population

2.0 Establishing Connectivity with MassHealth

The following information outlines the process for receiving initial electronic 820 transactions from MassHealth.

2.1 Setup

All MassHealth trading partners must sign a Trading Partner Agreement (TPA) before receiving electronic 820 transactions. The 820 transaction issued by MassHealth will be distributed initially on the MassHealth transactions Web site. If you do not have access to the internet, please contact Customer Service to make alternative arrangements. The contact information is listed in the table below.

2.2 Trading Partner Testing

Each trading partner may request 820 test files before production distribution. Please call or e-mail the technical contact in Section 2.4: Support Contact Information.

2.3 Technical Requirements

The 820 file is expected to be no larger than 225 megabytes.

On June 1, 2004, MassHealth began using the tilde (~) segment terminator on all outbound HIPAA-compliant transactions instead of a carriage return/line feed (CR/LF). HIPAA-compliant outbound transactions from MassHealth include the 820 Health-care Premium Payment transaction, 834 Benefit Enrollment and Maintenance transactions, 835 electronic remittance advice transactions, and 997 acknowledgements.

Please confirm that your translator, software vendor, or billing intermediary can accommodate this change. If you have any questions or concerns, please contact the MassHealth Help Desk (see Section 2.4: [Support Contact Information](#)).

2.4 Support Contact Information

Type of Contact	Contact Name	Telephone Number	E-mail Address
Technical	MassHealth Help Desk	1-800-379-9323	Syssupport@state.ma.us
Business – MCO/MBHP	Bill Kazalski	617-573-1784-	william.kazalski@state.ma.us
Business - SCO	Christine Smith	617-222-7418	christine.l.smith@massmail.ma.us
Business -PACE	Robert Holmes	617-222-7413	robert.holmes@state.ma.us

Commonwealth of Massachusetts

Executive Office of Health and Human Services

820 Companion Guide
July 2006

Version 1.5

3.0 MassHealth-Specific Requirements

The following information is provided to clarify the code values, conditional data elements, and segments that are used by MassHealth in creating the 820 transactions. The following information is designed to help trading partners parse the 820 transactions.

3.1 General Information

1. The following 820 file will be available on the MassHealth transactions Web site, or on CD: 820Qmmdd.dat, a quarterly 820 file where *mmdd* is the date the file was created. For trading partners receiving monthly payments the file will be named 820Mmmdd.dat.
2. 820 transactions adhere to the ASC X12N 820 (0004010X061A1) format. The file is fixed-length ASCII and contains no real numbers.
3. One 820 transaction occurs for each trading partner for each processing cycle.
4. 997 acknowledgements will not be accepted in response to the 820 file. Please inform the Business Contact (listed in Section 2.4: [Support Contact Information](#)) of any problems with the transactions.
5. Many optional fields contain no data. These fields have been populated with spaces or zeros.

3.2 Detail Data

Although trading partners can view the entire set of required data elements in the 820 Implementation Guide, MassHealth recommends that they pay special attention to the following segments. These segments have already generated questions.

Loop	Segment		Element Name	Companion Information
Header	ST	01	Transaction Set Identifier Code	Enter 820
Financial Info.	BPR	01	Transaction Handling Code	<u>CODE</u> <u>DEFINITION</u> I Remittance Info Only
Financial Info.	BPR	02	Financial Information Monetary Amount	This field will contain the net sum amount of the processing cycle. If payment is to be made this field will match the Payment Voucher amount. If a net overpayment has been made, this field will contain the negative resulting amount.
Reassociation Key	TRN	02	Reassociation Key Reference Identification	In this version, the value will always contain the fiscal year and quarter of the payment (e.g., FY03Q1)
Premium ID	REF	02	Premium Receiver Reference Identifier	your MassHealth provider number
1000B	N1	02	Premium Payer Name/Name Change	Commonwealth of Massachusetts/EOHHS

Commonwealth of Massachusetts

Executive Office of Health and Human Services

820 Companion Guide
July 2006

Version 1.5

Loop	Segment		Element Name	Companion Information
2000B	ENT	04	Individual Remittance Identification Code	MassHealth member's recipient identification number (RID)
2000B	NM1	09	Individual Identification Code	MassHealth member's recipient history number (RHN)
2300B	RMR	02	Insurance Remittance Reference Number	This field will contain the member's plan type.
2300B	RMR	04	Detail Premium Payment Amount	<p>For MCOs, this field is the premium amount minus prorated debt.</p> <p>For SCO and PACE providers: For a capitated payment this field will contain the capitation payment amount minus the member's Patient paid amount or spenddown minus any prorated debt. For a quarterly/annual reconciliation, this field will contain the difference between the capitated payment and the result of the reconciliation minus any prorated debt.</p> <p>The total of all RMR04s in the 820 will balance to BPR02.</p>
2300B	RMR	05	Insurance Remittance Reference Number	For MCO and MBHP reconciliation, this is the premium amount. For PACE and SCO capitated payments, this is the capitation payment amount minus patient paid amount and spenddown. For PACE quarterly/annual reconciliation, this is the difference between the capitated payment and the payment amount as calculated by the reconciliation minus any prorated debt.
2300B	DTM	05	Individual Coverage Period	These are the dates of enrollment for the member being reported.
2320B	ADX	01	Individual Premium Adjustment	This field contains the amount of debt applied to the individual member. This debt was not necessarily accrued to this member but is instead prorated across all the members reported on the 820.

Commonwealth of Massachusetts

Executive Office of Health and Human Services

820 Companion Guide
July 2006

Version 1.5

4.0 Version Table

Version	Date	Section/Pages	Description
1.1	8/13/03	Entire Document	Revision of entire document
1.2	01/29/04	Entire document	Revision of entire document
1.2	02/05/04	Revisions Completed	Production version issued.
1.3	06/17/04	Revisions to headers and footers, document body, sections 2.3 and 2.4	Production version issued.
1.4	05/19/05	Updates made to Sections 2.3 to reflect TPA 60-day Noticing.	Draft version issued Production issue to follow.
1.5	07/12/06	Updates made to Sections 1.1, 2.1, 2.4, 3.2, and Appendix A.	Production version issued

Commonwealth of Massachusetts

Executive Office of Health and Human Services

820 Companion Guide
July 2006

Version 1.5

Appendix A: Links to Online HIPAA Resources

The following is a list of online resources that may be helpful.

Accredited Standards Committee (ASC X12)

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org/

American Hospital Association Central Office on ICD-9-CM (AHA)

- This site is a resource for the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS. www.ahacentraloffice.org/

American Medical Association (AMA)

- This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org/

Association for Electronic Health-Care Transactions (AFEHCT)

- This site is dedicated to promoting the interchange of electronic health-care information. www.afehct.org

Centers for Medicare and Medicaid Services (CMS)

- CMS, formerly known as HCFA, is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Healthcare Transactions and Code Sets Model Compliance Plan at www.cms.hhs.gov/default.asp?fromhcfadotgov=true.
- This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). www.cms.hhs.gov/MedHCPCSGenInfo/

Centers for Medicare and Medicaid Services (CMS)

- CMS, formerly known as HCFA, is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Health-care Transactions and Code Sets Model Compliance Plan at www.cms.gov/hipaa/hipaa2/.
- This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). www.cms.hhs.gov/medicare/hcpcs

Designated Standard Maintenance Organizations (DSMOs)

- This site is a resource for information about the standard-setting organizations, and transaction change request system. www.hipaa-dsmo.org

Commonwealth of Massachusetts

Executive Office of Health and Human Services

820 Companion Guide
July 2006

Version 1.5

Health Level Seven (HL7)

- HL7 is one of several ANSI accredited Standards Development Organizations (SDOs), and is responsible for clinical and administrative data standards. www.hl7.org

MassHealth

- This site assists providers with HIPAA, MassHealth billing and policy questions, and provider enrollment. mass.gov/masshealth

National Council of Prescription Drug Programs (NCPDP)

- The NCPDP is the standards and codes development organization for pharmacy. www.ncdp.org

National Uniform Billing Committee (NUBC)

- NUBC is affiliated with the American Hospital Association and develops standards for institutional claims. www.nubc.org

National Uniform Claim Committee (NUCC)

- NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the noninstitutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. www.nucc.org

Office for Civil Rights (OCR)

- OCR is the office within the Department of Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa

United States Department of Health and Human Services (DHHS)

- This site is a resource for the Notice of Proposed Rule Making, rules, and other information about HIPAA. www.aspe.hhs.gov/admsimp

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction implementation guides and code sets. www.wpc-edi.com/HIPAA

Workgroup for Electronic Data Interchange (WEDI)

- WEDI is a workgroup dedicated to improving health care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org